

POSITION

INITIALS

ID NO.

DATE

**FEE DETERMINATION**  
**O.I.P.E. CLASSIFIER**  
**FORMALITY REVIEW**  
**RESPONSE FORMALITY REVIEW**

mr 6814 2117/w  
 J.W. 6846 4-11-00

**INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral) .....	Canceled	A .....	Appeal
:	Restricted	O .....	Objected

Claim	Date
Final	3/20/00
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If more than 150 claims or 10 actions  
staple additional sheet here

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